

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/524,250-Conf. #4662
	Filing Date	October 6, 2005
	First Named Inventor	May GRIFFITH
	Title	BIO-SYNTHETIC MATRIX AND USES THEREOF
	Art Unit	1618
	Examiner Name	E. E. Silverman
	Attorney Docket No.	OHR5-001US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

00959

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name James H. Velema
LAHIVE & COCKFIELD, LLP

Address One Post Office Square

City	Boston	State	MA	Zip	02109-2127
Country	US	Telephone	(617) 227-7400	Email	lc@lahive.com

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the joint interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert Horton</i>	Date	July 6, 2009
Name	Robert Horton, C.O.O.	Telephone	617-734-6815
Title and Company	OTTAWA HOSPITAL RESEARCH INSTITUTE, CHIEF OPERATING OFFICER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.